

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000010900

**Entity Name:** CARVIDEL CORPORATION

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DR.  
# 387  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR.  
# 387  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 45-4433189

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WXC CORPORATION  
8300 NW 53RD ST  
SUITE 350  
DORAL, FL 33166 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DELFIN, FERNANDO  
Address 1835 NE MIAMI GARDENS DR. # 387  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title SD  
Name VILLANUEVA, MARIA C  
Address 1835 NE MIAMI GARDENS DR. # 387  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FERNANDO DELFIN

**PRESIDENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date